Control of AIDS by Black Mulberry

*37. SHRI D. B. CHANDRE GOWDA:

SHRI CHATURANAN MISHRA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that deoxyjirimyoin, an extract from the root bank of Black Mulberry, could be effective in AIDS control; if so, the details thereof;

(b) whether Government propose to undertake R and D work to find out its possiblel large scale application for AIDS cure;

(c) what other steps have been taken by Government to cure AIDS; and

(d) what are the other medical applications of Mulberry products?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) to (d) The substance deoxyjirimyoin extracted from root of mulberry has been shown to inhibit virus multiplication in invitro experiments. Studies are underway in United Kingdom to explore the usefulness of this drug at first, in *invitro* cell cultures.

Facilities for HIV isolation and invitro culture are being established in India. Once these facilties start functioning and growing HIV invitro, it will be possible for Indian scientists to undertake invitro trials on substanecs that inhibit multiplication of HIV.

There is as yet no drug for cure of AIDS nor are there any vaccines available for prevention of AIDS. However, necessary steps have been taken to train medical and non-medical personnel for treatment of AIDS cases. For the present, emphasis is being laid on the prevention of the disease through health education measures, screening of blood donors and blood products etc.

The fruit of Mulberry tree is considered to be refrigerant and laxative. The juice helps during convalescence as it checks thirst. The bark is pungative. An infusion of leaves causes a drop in blood sugar, sometimes diuresis, and a reduction of arterial pressure. It has no effect on glucosuria.

Incidence of Meningitis in tribal belts or Orissa, Bihar and Madhya Pradesh

*38. SHRI BASUDEB MOHAPATRA:

SHRI JAGADISH JANI:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that there has been recently an increase in the incidence of Meningitis in the tribal belts of Orissa, Bihar and Madhya Pradesh;

(b) what was the total number of deaths which took place due to the said disease in these States separately during the last three years;

(c) what steps are being taken by Government to check the same; and

(d) whether Government are providing any assistance to those State Government in tackling the problem?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) Yes, Sir.

(b) to (d) A statement is laid on the Table of the Sabha.

Statement

The number of deaths due to Meningococcal Meningitis in the States of

Orissa, Bihar and Madhya Pradesh during the last three years is as under:—

	Number of deaths		
	1986	1987	1988
Bihar .	53	74	34
Madhya Pradesh	N.A.	72	134
Orissa .	14	153	489

During 1989, the number of deaths reported from these States are as under:—

Bihar .	185 (upto 10-4-1989)
Madhya Pradesh	158 (upto 3-4-1989)
Orissa .	344 (upto 2-4-1989)

The control measures for Meningococcal Meningitis consists of the following:

—early reporting of cases by para-medical health personnel so that all suspected cases are treated in hospitals;

—constituting medical teams to visit the affeted areas to detect and diagnose cases;

—treatment of patients by providing suitable drugs viz. Crystalline Benzyl Penicillin and Chloramphenicol;

—vaccination of medical and para-medical personnel who attend patients in hospitals and casualty departments;

—providing protection to persons who may come into contact with patients by giving them sulphadiazine.

The National Institute of Communicable Diseases had deputed experts to visit the affected districts of Orissa, Bihar and Madhya Pradesh and also advised the State Governments regarding surveillance and treatment.

The units of the Central Council of Research in Homoeopathy in Orissa, Bihar and Madhya Pradesh have also been activated to undertake study-cum-treatment of Meningitis cases with homoeopathic medicines.

The Government of India is in constant touch with the State Governments and is providing technical advice and also arranging the supply of vaccines for use among close contacts like medical and para-medical personnel engaged in patients care and members of families of patients.

Winding up of NMEP

*39. SHRI JAGADISH JANI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have recently taken a decision to wind up the National Malaria Eradication Programme;

(b) if so, the reasons therefore;

(c) whether any alternative programme is proposed to be implemented by Government to eradicate Malaria; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) No, Sir.

(b) to (d) Does not arise.

खसरे और टिटनेस इत्यादि के कारण राजस्थान में बच्चों की मृत्यु

*40. **श्री संतोष बागड़ोदिया :** क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या यह सच है कि राजस्थान में हर साल पांच वर्ष से कम आयु के बहुत से बच्चों की मृत्यु खसरा, टिटनेस, गलाघोंटू, काली खांसी, तपेदिक और पीलिया के कारण हो जाती है ;